



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

ORTHOTEXAS PHYSICIANS AND SURGEONS

**MFDR Tracking Number**

M4-18-0405-01

**MFDR Date Received**

October 16, 2017

**Respondent Name**

PLANO INDEPENDENT SCHOOL DISTRICT

**Carrier's Austin Representative**

Box Number 19

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "On this date of service, claim denied stating 'services are not documented in patients' medical records'. See the attached documentation that supports the services provided."

**Amount in Dispute:** \$100.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The provider is claiming that it is entitled to reimbursement on the basis of a causation letter that was prepared by a physician assistant, Jessica Martin on June 19, 2017. The providers DWC-60 packet includes the causation letter as well as a request for that letter from the Office of Injured Employee Council, dated May 2, 2017."

**Response Submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
June 19, 2017	Medical Narrative (99080)	\$100.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.120 sets out the procedures and reimbursement for medical documentation.
3. Texas Labor Code §404.002 establishes the Office of Injured Employee Counsel administrative attachment.
4. Texas Labor Code §404.101 defines the general duties of the Office of Injured Employee Counsel.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - Note: Documents requested by the Division are not subject to reimbursement.
  - Note: Per the fee schedule, this service or supply is considered bundled.
  - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

## Issues

Is Plano Independent School District responsible for reimbursement of the service in question?

## Findings

OrthoTexas Physicians and Surgeons is seeking reimbursement of \$100.00 for a medical narrative provided on June 19, 2017. Reimbursement of medical narratives is subject to the requirements of 28 Texas Administrative Code §134.120, which states, in relevant part, "(d) If the injured employee, or the injured employee's representative, requests creation of medical documentation, such as a medical narrative, the requestor shall reimburse the health care provider for this additional information."

The documentation submitted to the division includes a letter dated May 2, 2017, requesting the medical narrative in question. The letter is on Office of Injured Employee letterhead and signed by an ombudsman. Texas Labor Code §404.002(b) administratively attaches the office to the division, but specifies that the office is independent of the division. For this reason, the letter does not constitute a request from the division per 28 Texas Administrative Code §134.120(e). Texas Labor Code §404.101(b) (2) (C) states that OIEC shall "assist injured employees, through the ombudsman program, in the division's administrative dispute resolution system." The division concludes that the injured employee requested the medical narrative with the assistance of OIEC in accordance with Texas Labor Code §404.101(b) (2) (C). Therefore, per 28 Texas Administrative Code §134.120(d), Zurich is not responsible for the reimbursement of the service in question.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
November 10, 2017  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

***Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.***